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POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT				REGION	SITE NUMBER (to be assigned by HQ)
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.					
GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-JJS); 401 M St., SW; Washington, DC 20460.					
I. SITE IDENTIFICATION TXDOD3211000					
A. SITE NAME Foley Alvin E.		B. STREET (or other identifier) 9102 Richmond Avenue			
C. CITY Houston		D. STATE TX	E. ZIP CODE 77063	F. COUNTY NAME Harris	
G. OWNER/OPERATOR (if known)					
1. NAME Alvin E. Foley, Owner		2. TELEPHONE NUMBER (713)782-2594			
H. TYPE OF OWNERSHIP					
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION No sites have been identified. Mr. Foley operates a commercial bin-collection system on municipal refuse for apartments in Houston area. Wastes are disposed of in McCarty Rd. landfill (Type I) operated by BFI.					
J. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citations, etc.) Wapora file - D				K. DATE IDENTIFIED (mon, day, & yr) 01/18/80	
L. PRINCIPAL STATE CONTACT					
1. NAME Dan Schepers, TDWR		2. TELEPHONE NUMBER (512)475-1344			
II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM					
<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION					
<input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard)					
<input type="checkbox"/> 2. SITE INSPECTION NEEDED <input type="checkbox"/> 3. TENTATIVELY SCHEDULED FOR:					
<input type="checkbox"/> 4. WILL BE PERFORMED BY:					
C. PREPARER INFORMATION					
1. NAME Philip S. Liang, Engineering-Science		2. TELEPHONE NUMBER 713/943-2922		3. DATE (mon, day, & yr) 12/18/80	
III. SITE INFORMATION					
A. SITE STATUS		B. INACTIVE (These sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequent.)		C. OTHER (specify) These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred. Transporter of Class I nonhazardous solid wastes, no sites were identified.	
D. IS GENERATOR ON SITE?		<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): SUPERFUND FILE			
E. AREA OF SITE (in acres) NA		F. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec.) 2. LONGITUDE (deg-min-sec.) NOV 18 1992			
G. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): REORGANIZED					

REVIEWED BY: [Signature]

DATE:

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IV. CHARACTERIZATION OF SITE ACTIVITIES					
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.					
<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER		
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL		
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM		
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP		
<input checked="" type="checkbox"/> 4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT		
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING		
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION		
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION		
		8. SOLVENT RECOVERY	8. OTHER (specify):		
		9. OTHER (specify):			
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED					
Transporter of Class I municipal refuse. Waste material disposed of in McCarty Road landfill operated by BFI.					
V. WASTE RELATED INFORMATION					
A. WASTE TYPE					
<input type="checkbox"/> 1 UNKNOWN	<input type="checkbox"/> 2 LIQUID	<input checked="" type="checkbox"/> 3. SOLID	<input type="checkbox"/> 4 SLUDGE	<input type="checkbox"/> 5. GAS	
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1 UNKNOWN	<input type="checkbox"/> 2 CORROSIVE	<input type="checkbox"/> 3 IGNITABLE	<input type="checkbox"/> 4 RADIOACTIVE	<input type="checkbox"/> 5 HIGHLY VOLATILE	
<input type="checkbox"/> 6. TOXIC	<input type="checkbox"/> 7. REACTIVE	<input type="checkbox"/> 8. INERT	<input type="checkbox"/> 9 FLAMMABLE		
<input checked="" type="checkbox"/> 10. OTHER (specify): Class I nonhazardous municipal solid wastes					
C. WASTE CATEGORIES					
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.					
NA					
2. Estimate the amount/specify unit of measure of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
None	None	None	None	Unknown	None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY RASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METAL SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELT. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMELT. WASTES	(5) OTHER (specify):
			(6) CYANIDE		
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		
			Municipal refuse.		

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V. WASTE RELATED INFORMATION (cont. from p. 1)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
None				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE. Collection of municipal refuse only. A previous PA was prepared on 04/13/82 by TDH and recommended no further action.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark "X")	C. ALLEGED INCIDENT (mark "X")	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUNDWATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify)	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): None			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input checked="" type="checkbox"/> 3. UNKNOWN	
C. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
IX. INSPECTION ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mon., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mon., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			